

**TOBACCO PRODUCT MANUFACTURER STATEMENTS
FOR PRODUCTS STAMPED IN KANSAS
(K.S.A. 50-6a04)**

I. MANUFACTURER

Manufacturer Name: _____

Mailing Address: _____

Street Address: _____
(if mailing address is
is a post office box) _____

Phone Number: _____ Fax: _____

E-Mail Address: _____

Manufacturer
Contact Person: _____

Agent for Service
of Legal Process: _____

Agent's Address
for Certified Mail: _____

Agent's
Phone Number: _____ Fax: _____

Agent's
E-Mail Address: _____

II. CIGARETTE BRANDS

Please list all of the brand names of cigarette products the manufacturer will distribute for sale in Kansas: (attach a list if additional space is needed)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach a list if more space is needed to complete this section)

III. ROLL YOUR OWN (RYO) / MAKE YOUR OWN (MYO) BRANDS

Please list all of the brand names of cigarette products the manufacturer will distribute for sale in Kansas: (attach a list if additional space is needed)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach a list if more space is needed to complete this section)

IV. PRIOR MANUFACTURERS OF LISTED BRANDS

- A. If applicable, for each of the brands listed in Sections II or III above, please list the brand name, previous manufacturer, and the date the brand was acquired by the current manufacturer identified in Section I above, for any brand acquired from another manufacturer **prior** to April 25, 2002.

Brand	Previous Manufacturer	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach a list if more space is need to complete this section)

- B. If applicable, for each of the brands listed in Sections II or III above, please list the brand name, previous manufacturer, and the date the brand was acquired by the current manufacturer identified in Section I above, for any brand acquired from another manufacturer **on or after** April 25, 2002.

Brand	Previous Manufacturer	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach a list if more space is need to complete this section)

V. CERTIFICATION

The undersigned, being a duly authorized officer or agent of the manufacturer identified in Section I above, do hereby certify under penalty of perjury that: 1) The information reflected in this form is complete and accurate; and 2) Regarding the brands listed in Section IV(B), all escrow payments required by K.S.A. 50-6a01, *et seq.* due prior to the "Date Acquired" have been fulfilled by the identified previous manufacturer.

Further, the manufacturer identified in Section I, its successors and assigns, hereby consents to service of process via Certified Mail to the agent named in Section I herein.

Dated this _____ day of _____, 20____.

By:

Signature of Authorized Officer or Agent

Name (Please Type or Print)

Title (Please Type of Print)

PLEASE RETURN COMPLETED FORM TO:

OFFICE OF THE KANSAS ATTORNEY GENERAL
Attention: Karl Hansen, Assistant Attorney General
120 S.W. 10th Street, 2nd Floor
Topeka, KS 66612

Questions regarding this form? Call (785) 368-8447.